

Contact Information		
Name of group/company:		Please return completed forms to: OSMH Foundation 146 Mississauga Street Orillia, ON L3V 3B3 Ph: 705-325-6464 Fx: 705-325-4693
Contact name:		
Title:		
Address:		
City:	Postal Code:	
Tel:	Bus:	
Email:		
Event Information:		
Name of Event:		
Date(s):	Time(s):	
Event Location(s) and Address(es):		
Briefly describe the event:		
What has inspired you to hold this event?		
Would you like your event listed on our website? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please write how you would like it to be listed. If more space is required, please attach a separate page.		
What area will your event support? <input type="checkbox"/> Area of greatest need <input type="checkbox"/> Equipment Fund <input type="checkbox"/> Other _____		



Community Partnership Form

Proposed Budget: Please list all revenue and expenses and indicate what you expect to be donated.
 All costs must be either paid directly by the organizer or come out of the event proceeds. We recommend setting up a bank account for any event requiring payment of expenses.

Revenue		Expenses	
Sponsorships	\$	Venue Rental	\$
Registration Fees	\$	Food	\$
Ticket Sales	\$	Beverage	\$
Cash Donations	\$	Printing	\$
Other Fundraising (ie. Silent auction)	\$	Prizes	\$
Other (please list):	\$	License Fees	\$
		Other (please specify)	\$
Total Revenue	\$	Total Expenses	\$
		Total Profit (Rev - Exp)	\$

Tax Receipt Information
 Orillia Soldiers' Memorial Hospital Foundation is able to provide assistance with classification of receipting guidelines and will not issue tax receipts unless prior approval for the event has been received. Following approval, the event organizer must provide Orillia Soldiers' Memorial Hospital Foundation with the complete name, address and donation information for anyone requesting a tax receipt for a donation made to an event. Please refer to the Issuing Charitable Tax Receipts Guidelines section in the Events for OSMH Handbook for additional information regarding tax receipts.

Does your event require tax receipts? Yes No

For OSMH Foundation Use Only:

Event Accepted: _____	Ticket Price/Entrance Fee	\$ _____
Event Processed: _____	FMV of service received	\$ _____
Initials: _____	Value of any products/gifts received (per person)	\$ _____
Date: _____	Value of any Door prizes	\$ _____
	Approved for Receipts	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Eligible receipt value	\$ _____



OSMH Foundation Community Partnership Release

1. I (we) understand that I (we) will be acting on behalf of the Orillia Soldiers' Memorial Hospital (OSMH) Foundation and may receive private and confidential information including gift amounts and banking information from individuals who donate to the event. As such, I(we), the event host(s):
 - will not maintain personal information for private, or business use;
 - will not disclose any personal information (donation amounts, banking information etc.) to anyone other than the OSMH Foundation representatives;
 - will not alter any information received from event participants.
2. All proceeds from event will be returned to the OSMH Foundation office within 30 days from event date or prior to March 31st (which ever comes first).
3. All use of the OSMH Foundation logo and/or name to be approved by OSMH Foundation prior to release.
4. OSMH Foundation reserves the right to withdraw permission to use name and logo at any time without assuming responsibility for costs and expenses.
5. I (we) will obtain all necessary permits, licenses and insurance for the event.
6. Should an event be cancelled I (we) will inform OSMH Foundation at least 1 week prior to event date.
7. OSMH Foundation will not assume any financial or legal liability.
8. OSMH Foundation is not liable for damages or accidents to people or property.
9. I (we) understand that should I (we) breach the above stated contract, OSMH Foundation will no longer endorse events I (we) are involved in planning and may result in criminal prosecution.
10. I/We, the undersigned third party event representatives, hereby agree to RELEASE, INDEMNIFY and SAVE HARMLESS Orillia Soldiers' Memorial Hospital Foundation (OSMH Foundation) and Orillia Soldiers' Memorial Hospital (OSMH) site from all manner of liabilities, debts, fines, suits, claims, thefts, damages to property and person, demands and actions and causes of action, of any nature or kind of which the third party event, OSMH Foundation or OSMH may be held liable relating, in any way, including without limitations, any breach or violation, negligence, unlawful act or acts of the third party event, OSMH Foundation or OSMH or their respective agents, servants invitees and against all costs, counsel fees, expenses and liabilities incurred by OSMH Foundation or OSMH in any such suit, claim, theft, damage to property or person, demand, action or proceeding.

Event Name: _____

Name of event representative

Date

Signature of event representative

Accepted/Approved by:

OSMH Foundation

Date